

Food Establishment Plan Review Application

Marlborough Health Department

Name of Establishment: _____

Address of Establishment: _____

105 CMR 590.011 requires the Board of Health to deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty-day (30) time period begins when a **complete application** has been submitted to the Health Department.

In the event a denial letter is issued, you will be required to respond within 5 days to the attention of the Marlborough Health Department. All responses are to be submitted in writing.

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date _____ 20__

**NO RENOVATION OR CONSTRUCTION WORK
TO BE DONE IN FOOD ESTABLISHMENT
BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT**

For Office Use Only:

Complete Plan Review Application Accepted by Health Department Date:
Reviewer's Signature

FOOD PLAN REVIEW PROCEDURES

Steps you must follow for a Plan Review

- 1.) Schedule appointment to review the Plan Review Packet with a Sanitarian.
- 2.) Submit a completed packet with the appropriate fee according to the type of work you will be doing.
 - **Fee of \$150.00 for a New Establishment**
 - **Fee of \$75.00 for a Renovation**
 - **Fee of \$50.00 for a Special Process Plan**
- 3.) Construction, Renovation or Equipment addition does not take place until an “approval letter” is issued from the Health Department.
- 4.) Sanitarian makes weekly site visits to monitor progress.
- 5.) Submit the Food Permit Application and applicable fees to the Health Department prior to requesting a pre-operational inspection.
- 6.) At the completion of the Construction, Renovation or Equipment addition, contact the Marlborough Health Department to request a pre-operational inspection.
- 7.) Upon completion of a successful pre-operational inspection, a Temporary Permit will be issued. The Temporary Permit will expire after the monthly Board of Health meeting is completed and your annual permit is approved.
- 8.) A Food Establishment Food Permit will be issued which expires at the end of the calendar year for all establishments that have successfully completed the Plan Review Process.

**CITY OF MARLBOROUGH
BOARD OF HEALTH**

140 MAIN STREET, LOWER LEVEL,
MARLBOROUGH, MA 01752
508-460-3751 ** FAX 508-460-3625

Choke Saver Programs

105 CMR 590.009(E) required that all food service establishments containing (25) twenty-five seats or more must have a person certified in choke saving on premises when food is being sold.

“Pursuant to M.G.L. c. 94, Section 305D, each food service establishment having a seating capacity of 25 persons or more shall: (1) Have on premises, while food is being served, an employee trained in manual procedures approved by the Department to remove food lodged in a person’s throat; and (2) Make adequate provision for insurance to cover employees trained in rendering such assistance.”

1. **American Heart Association**
CPR 877-242-4277 www.americanheart.org/cpr
2. **Technical Medical Training Center/Burlington**
Bill Devereaux 781-272-5369
3. **Red Cross Boston**
617-375-0700 <http://www.redcross.org/ma/boston>

EMERGENCY INFORMATION

We must be able to contact you in case of an emergency. We DO NOT WANT a corporate address. We require personal addresses where responsible people can be reached at any time.

NAME OF BUSINESS OR COMPANY _____

NAME OR OWNER AND/OR MANAGER _____

ADDRESS _____

TELEPHONE# (OFFICE) _____

TELEPHONE # (EVENING/24 HOUR) _____

1st Alternate Contact _____

Home Telephone # _____

Person in Charge (PIC) _____

Alternate Person in Charge (PIC) _____

Alternate Person in Charge (PIC) _____

Certified Food Protection Manager) _____

Pursuant to MGL Ch. 62C sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Federal ID: _____

Signature of Individual or Corporate Name: _____

I, _____ the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature _____

Date _____

INFORMATION NEEDED BEFORE WORK CAN BEGIN

1. Completed Food Establishment Plan Review Application

2. Include the following items with the completed application:

_____ a) Floor plan to scale (inside establishment): Show location of all floor mounted and table mounted equipment to determine food flow

_____ b) Site plan (outside establishment) showing the location of equipment & trash storage

_____ c) Manufacturer's Specification Sheet(s) for all equipment (indicate locations on floor plan)

_____ d) Choke Saver Certificate/First Aid Training (for establishments with more than 25 seats)

_____ e) Menu with changes (Must include consumer advisory clause and allergy awareness clause)

_____ f) Check for plan review fee (non-refundable) made out to "City of Marlborough"

Notes

Please call Marlborough Health Department with questions: 508-460-3751.

**MARLBOROUGH HEALTH DEPARTMENT
CITY DEPARTMENTS**

I, _____, the applicant for the following food establishment acknowledge that I have visited each of the following departments and have notified each department that I am applying through the Health Department to operate a food establishment. I agree to comply with all requirements of the City of Marlborough and of each department.

- **Police (508) 485-1212) 355 Bolton Street**
- **Fire Department (508-624-6986) 215 Maple Street**
- **Zoning (508-460-3768) Marlborough City Hall, 140 Main St.**
- **Plumbing Inspector (508-460-3728) Marlborough City Hall, 140 Main St.**
- **Wiring Inspector (508-460-3727) Marlborough City Hall, 140 Main Street**
- **Building Inspector (508-460-3776) Marlborough City Hall, 140 Main Street**

FOOD ESTABLISHMENT INFORMATION

Days & Hours of operation: _____

Number of food employees: _____

Name of Certified Food Protection Manager: _____

Name of person(s) trained in choke saver procedures (one per shift if over 25 seats):

Location (permanent structure or mobile): _____

Length of Permit (annual or seasonal with dates of season): _____

Food Operations (Check all that apply):

- _____ Retail Sale of Commercially Pre-packaged Non-PHF's
- _____ Retail Sale of Commercially Pre-packaged PHF's
- _____ Preparation of PHFs for eat in or take out (CFPM required)
- _____ Offers RTE PHFs in Bulk Quantities (CFPM required)
- _____ PHFs Cooked to Order or Served Raw or Under Cooked (Consumer Advisory required)
- _____ Preparation of Food/Single Meals for Catered Event (CFPM required)
- _____ Preparation of Non-PHF's (coffee, hot dogs)
- _____ Foods cooked in advanced and cooled

Use of a Process Requiring a Variance and/or HACCP Plan:

- _____ Use of Un-pasteurized Shell Eggs Prepared for Highly Susceptible Population (variance & HACCP Plan needed)
- _____ Use of food additives for preservation (i.e. Acidification of sushi) (variance & HACCP Plan needed)
- _____ Smoking for Preservation (variance & HACCP Plan needed)
- _____ Curing (variance & HACCP Plan needed)
- _____ Custom Processing of Animals (variance & HACCP Plan needed)
- _____ Molluscan Shellfish Tanks (variance & HACCP Plan needed)
- _____ Reduced Oxygen Packaging with Barriers (ROP, Vacuum Packaging and cook/chill)
- _____ Molluscan Shellfish Tanks (variance & HACCP Plan needed)
- _____ Time as a Public Health Control (variance & HACCP Plan needed)

Definitions:

PHF – potentially hazardous food (time/temperature controls required)

Non-PHF – non-potentially hazardous food (no time/temperature controls required)

RTE – ready-to-eat foods (ex. sandwiches, salads, muffins, French fries. etc. which need no further processing)

Highly Susceptible Population (HSP) - A group of persons who are more likely than other populations to experience food borne disease because they are immune-compromised, or older adults in a facility that provides health care or assisted living services, such as a hospital or nursing home, or children in day care or elementary school.

CFPM – Certified Food Protection Manager

Consumer Advisory – Written information concerning the safety of raw or undercooked food (see following page)

HACCP Plan (Hazard Analysis Critical Control Point Plan) – Written document delineating HACCP principles in use

Variance – Written document issued by the Board of Health

Consumer Advisory Requirements

Please refer to your submitted menu and list items that will/may be raw, undercooked (not cooked to minimum cooking temperatures) or not otherwise processed to eliminate pathogens. Also list Ready-To-Eat foods that will/may contain raw or undercooked ingredients (**ex. Caesar dressing, hollandaise sauce, burgers, eggs, drinks/desserts containing raw egg white**)

Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and the approved **Consumer Advisory** statement must be plainly printed (11 point font minimum) on your menu(s) and/or menu board warning customers of the increased risk of illness with eating raw or undercooked animal foods.

Ex.:

*Sushi Roll (containing raw tuna)	
California Roll	(1) identify menu items containing raw or
Grilled salmon	undercooked animal proteins with asterisk()
Cheese Pizza	
Salad with your choice of grilled chicken or *steak tips	

The following statements are to be included on all applicable menus, no smaller than an 11 point font.

(2) define what the asterisk means

*These menu items are served raw or undercooked, or contain raw or undercooked ingredients

(3) approved statement reminding consumers of the risks associated with raw or undercooked animal foods.

***Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.**

Allergy Awareness Requirements

1 105 CMR 590.009(G)(3)(a) – by February 1, 2011 such food establishments [establishments that cook, prepare, or serve food intended for immediate consumption either on or off premises] shall have on staff a certified food protection manager who has been issued a Massachusetts certificate of allergen awareness training by an allergen awareness training verification program recognized by the Department. The certificate will be valid for 5 years.

Please include Allergy Awareness Clause in the menu.